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AMENDMENT OF SOLICITAT	ION/MODIFICATION OF	CONTRACT		1. CONTRACT ID CODE	P	AGE OF	PAGES
2. AMENDMENT/MODIFICATION NO	3. EFFECT	IVE DATE	4. RE	DUISITION/PURCHASE REQ. NO.	5. PRO	JECT NO.	(If applicable)
0002	01/01/	2006	REQ	-2700-06-0006			
6. ISSUED BY	CODE FMPS		7. AD	MINISTERED BY (if other than item 6)	CODE	FMPS	
CONSUMER PRODUCT SA DIV OF PROCUREMENT 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			DIV 433 ROC	SUMER PRODUCT SAFETY OF PROCUREMENT SERVI 0 EAST WEST HWY M 517 HESDA MD 20814		SION	
	ACTOR W			. 			
8. NAME AND ADDRESS OF CONTR	ACTOR (No., street, county, State	end ZIP	(x) 9A	, AMENDMENT OF SOLICITATION NO.			
TRANSPORTATION OST-V ATTN: WANDA CALDERWO 400 7TH STREET SW RO VASHINGTON DC 20590-	OOD OOM 10320		J 10	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDE	R NO.		· · · · · · · · ·
				PSC-I-06-0003 2			
			10	B. DATED (SEE ITEM 11)			
CODE 132227039	FACILITY C	CODE	1	0/01/2005			
	11. THIS I	TEM ONLY APPLIES TO AM	ENDM	ENTS OF SOLICITATIONS			
-	APPLIES TO MODIFICATION O			DIFIES THE CONTRACT/ORDER NO. AS D			
x	ERED CONTRACT/ORDER IS to.) SET FORTH IN ITEM 14, TAL AGREEMENT IS ENTERE			MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b). TY OF:	ges in paying	office,	
D. OTHER (Specify typ	e of modification and authority)		_				
E IMPORTANT: Contractor	X is not, ☐ is required	d to sign this document and i	meturn	copies to the issuit	ng office		
				olicitation/contract subject matter where fee			— — -
	2211023	ů.	-	,	ŕ		
THE PURPOSE OF THIS				L FUNDING TO COVER TH	IE BALA	NCE C	F FY-06
	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,					
BASED ON THE ABOVE,	THIS INTERAGEN	ICY AGREEMENT	IS (CHANGED AS FOLLOWS:			
FOB: Destination							
Continued							
		ferenced in Item 9A or 10A,		tolore changed, remains unchanged and in			
15A. NAME AND TITLE OF SIGNER (T	yp a or print)			IAME AND TITLE OF CONTRACTING OF	ric⊨K (<i>Type</i>	or print)	
				na Hutton			
15B. CONTRACTOR/OFFEROR		15C. DATÉ SIGNED	16B. U	NITED STATES OF AMERICA			DATE SIGNED
(Signature of person authoriz	ed to sign)		4	(Signature of Contracting Officer)		02	/28/2006

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET		PAGE ()F
CONTINUATION SHEET	CPSC-I-06-0003/0002	2	2

NAME OF OFFEROR OR CONTRACTOR

TRANSPORTATION OST-WCF UNITED STATES DEPT OF

TRANSPO	TRANSPORTATION OST-WCF UNITED STATES DEPT OF							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT			
(A)	(B)	(C)	(D)	(E)	(F)			
	Change Item 0001 to read as follows(amount shown is the obligated amount):							
0001	70 EMP (NRC) (average of \$92. per month) Formula: 70 Employees x \$92.00 Per Mo.	9:	MO	6,440.00	57,960.00			
	Change Item 0002 to read as follows(amount shown is the obligated amount):							
0002	Financial Management (2nd, 3rd, & 4th Quarters)	3	LT	957.50	2,872.50			
	Change Item 0003 to read as follows(amount shown is the obligated amount):							
0003	NCR Distribution Services Formula: 9 hrs. Per Visit x 3 Visit x \$19 Per Hr	3	LT	171.00	513.00			
	Change Item 0004 to read as follows(amount shown is the obligated amount):							
0004	Other Service Charges: (Vendor Surcharges, Shipping, Travel, etc. as applicable.	3	LT	25.00	75.00			
	•	.						